

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/541950 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4			3			
5			3			
6			3			
7			3			
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9			3			
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11			3			
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TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			49		49	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			49		49	

BEST AVAILABLE COPY